URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034758

FILED OCT 13 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2577

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Affton — Length of stay in 1b: 1 Week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8003 Gravois Ave — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST Louis
c. CITY OR TOWN: Affton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8003 Gravois Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ELIZABETH Middle: Last: BRUST
4. DATE OF DEATH: Month Day Year: 9-27-1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-11-1869
9. AGE (last birthday): 89 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Unknown Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Adam Brust
13b. MOTHER'S MAIDEN NAME: Elizabeth Elz
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Augusta Krah Address: 2714a Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
pulmonary disease, type undetermined, right bronchial pneumonia, pleural effusion
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept 26, 1959, to Sept 27, 1959 and last saw her alive on Sept 27, 1959
Death occurred at 9:40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Hugh C. Crowell, M.D.
22b. ADDRESS: 9964 Tesson Ferry Rd
22c. DATE SIGNED: 9/28/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-30-1959
23c. NAME OF CEMETERY OR CREMATORY: Park Hill
23d. LOCATION (City, town, or county) (State): Denny Rd. St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS: Ziegenhein Brothers, 6409 Gravois
25. DATE RECD. BY LOCAL REG.: 9-29-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ian M. Sizemore

Signature of Student Embalmer

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.